



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

11/18/2008

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER: NJD001894229**

**INSTALLATION NAME: JONES BRUNSWICK LLC**

**INSTALLATION ADDRESS : 65 STULTS RD  
DAYTON, NJ 08810**

**MAILING ADDRESS : 4520 MADISON AVE STE 100  
KANSAS CITY, MO 64111**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: JONES BRUNSWICK LLC  
or Current Occupant  
ATTN: JIM MARKEY  
4520 MADISON AVE STE 100  
KANSAS CITY, MO, 64111**

# RCRA Site Detail

Report run on: July 16, 2008 - 9:53 AM

Page 3

## NJD001894229 JONES BRUNSWICK LLC

EPA Region 02 Extract Flag: Y Facility Identifier: County: MIDDLESEX

Universes Generator: LQG Transporter: N Active: Y  
Operating TSDF: ----- IC In Place: N EI Indicator (HE / GW): N / N

Activity Location: NJ Source Type: Notification Seq. Number: 2 Receive Date: 03 MAR 2008

Other/Previous Site Name: JONES BRUNSWICK LLC

Location 65 STULTS RD  
Address: DAYTON, NJ 08810

Mailing Address: 4520 MADISON AVE suite 100  
KANSAS CITY, MO 64111  
UNITED STATES

Contact Person JIM MARKEY 4520 MADISON AVE  
For Source (816) 389-5700 KANSAS CITY, MO 64111  
Information JMARKEY@JONESDEVCO.COM UNITED STATES

Owner (current) 4520 MADISON AVE Type: Private  
JONES BRUNSWICK LLC KANSAS CITY, MO 64111  
From: 08/02/2007 To: KANSAS CITY Phone:

Operator (current) Type: Private  
JONES BRUNSWICK LLC  
From: 08/02/2007 To: Phone:

Land Type: Private Non Notifier: No Commercial Availability: Unknown Tsd Date:

Accessibility: No. Employees: State District: CENTRAL

NAICS Codes: 531312 Nonresidential Property Managers

Notes: LOCATION ADDRESS FOUND IN THE US POST OFFICE INTERNET SEARCH

### Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Large Quantity Generator; State: NJ-9 Not Yet Determined

Transfer Facility:

### Used Oil Activities

Other Hazardous Waste Generator Activities	Used Oil Transporter Activity	Off-Specification Used Oil Burner:	No
Importer Activity: No	Transporter: No	Used Oil Fuel Marketer Activity	
Mixed Waste Generator: No	Transfer Facility: No	Marketer who directs shipment off-specification used oil to off-specification used oil burner:	No
Transporter Activity: No	Used Oil Processor and/or Re-refiner Activity	Marketer who first claims the used oil meets the specifications:	No
TSD Activity: No	Processor: No		
Recycler Activity: No	Refiner: No		
Exempt Boiler and/or Industrial Furnace	Underground Injection Control: No	Destination Facility for Universal Waste:	No
Small Quantity Onsite Burner Exemption: No			
Smelting, melting, Refining Furnace Exemption: No			

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: P089

Activity Location: NJ Source Type: Implementer Seq. Number: 2 Receive Date: 02 MAR 2008

Other/Previous Site Name: JONES BRUNSWICK LLC

Location 65 STULTS RD  
Address: DAYTON, NJ 08810

Mailing Address: 4520 MADISON AVE  
KANSAS CITY, MO 64111  
UNITED STATES

Contact Person JIM MARKEY 4520 MADISON AVE  
For Source (816) 389-5700 KANSAS CITY, MO 64111  
Information JMARKEY@JONESDEVCO.COM UNITED STATES

Land Type: Private Non Notifier: No Commercial Availability: Unknown Tsd Date:

Accessibility: No. Employees: State District: CENTRAL

Notes: LOCATION ADDRESS FOUND IN THE US POST OFFICE INTERNET SEARCH

*Called 7/16/08 spoke to Carrie provided mail address as listed above. (m)*



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

04/15/2008

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KANSAS CITY, MO 64111

EPA Form 8700-12AB (4-80)

USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437

TO: JONES BRUNSWICK LLC  
or Current Occupant  
ATTN: JIM MARKEY  
4520 MADISON AVE  
KANSAS CITY, MO, 64111



**ACKNOWLEDGEMENT OF NOTIFICATION  
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HAZARDOUS WASTE ACTIVITY**

04/15/2008

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KANSAS CITY, MO, 64111




FDX

Change (update)

WJ

2008 MAR -3 AM 10:18  
OMB#: 2050-0028 Expires 06/30/2009

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency  <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal</b> (See instructions on page 13.)  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
<b>2. Site EPA ID Number</b> (page 14)	EPA ID Number <u>NJ D 0 0 1 8 9 4 2 2 9</u>		
<b>3. Site Name</b> (page 14)	Name: <u>Jones Brunswick, LLC</u>		
<b>4. Site Location Information</b> (page 14)	Street Address: <u>65 Stults Road</u>		
	City, Town, or Village: <u>Dayton</u>	State: <u>NJ</u>	
	County Name: <u>Middlesex</u>	Zip Code: <u>08810</u>	
<b>5. Site Land Type</b> (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (page 14)	A. <u>531312</u>	B. _____	
	C. _____	D. _____	
<b>7. Site Mailing Address</b> (page 15)	Street or P. O. Box: <u>4520 Madison</u>		
	City, Town, or Village: <u>Kansas City</u>		
	State: <u>MO</u>		
	Country: <u>USA</u>	Zip Code: <u>64111</u>	
<b>8. Site Contact Person</b> (page 15)	First Name: <u>Jim</u>	MI: _____	Last Name: <u>Markey</u>
	Phone Number: <u>816-389-5700</u> Extension: _____		Email address: <u>JMARKEY@JONESDEVCO.COM</u>
<b>9. Operator and Legal Owner of the Site</b> (pages 15 and 16)	A. Name of Site's Operator: <u>JONES BRUNSWICK, LLC</u>		Date Became Operator (mm/dd/yyyy): <u>08/02/2007</u>
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: <u>JONES BRUNSWICK, LLC</u>		Date Became Owner (mm/dd/yyyy): <u>08/02/2007</u>
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		



EPA ID NO: NJD 001 894 229

OMB#: 2050-0028 Expires 06/30/2009

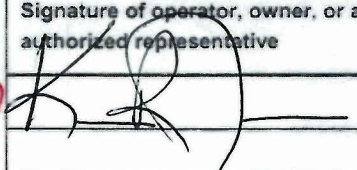
<b>9. Legal Owner (Continued) Address</b>	<b>Street or P. O. Box:</b> <u>4520 MADISON</u>		
	<b>City, Town, or Village:</b> <u>KANSAS CITY</u>		
	<b>State:</b> <u>MO</u>		
	<b>Country:</b> <u>USA</u>	<b>Zip Code:</b> <u>64111</u>	

<b>10. Type of Regulated Waste Activity</b> Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)																			
<b>A. Hazardous Waste Activities</b> Complete all parts for 1 through 6.																			
<p><input checked="" type="checkbox"/> <input type="checkbox"/> <b>1. Generator of Hazardous Waste</b> If "Yes", choose only one of the following - a, b, or c.</p> <p><input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>2. Transporter of Hazardous Waste</b></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>3. Treater, Storer, or Disposer of Hazardous Waste (at your site)</b> Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>4. Recycler of Hazardous Waste (at your site)</b></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>5. Exempt Boiler and/or Industrial Furnace</b> If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>6. Underground Injection Control</b></p>																		
<b>B. Universal Waste Activities</b>		<b>C. Used Oil Activities</b> Mark all boxes that apply.																	
<p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>1. Large Quantity Handler of Universal Waste</b> (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste that apply:</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;"><u>Manage</u></th></tr></thead><tbody><tr><td>a. Batteries</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>b. Pesticides</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>c. Mercury containing equipment</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>d. Lamps</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>e. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>f. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>g. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>2. Destination Facility for Universal Waste</b> Note: A hazardous waste permit may be required for this activity.</p>			<u>Manage</u>	a. Batteries	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	c. Mercury containing equipment	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	e. Other (specify) _____	<input type="checkbox"/>	f. Other (specify) _____	<input type="checkbox"/>	g. Other (specify) _____	<input type="checkbox"/>	<p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>1. Used Oil Transporter</b> If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>2. Used Oil Processor and/or Re-refiner</b> If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>3. Off-Specification Used Oil Burner</b></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <b>4. Used Oil Fuel Marketer</b> If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>	
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f. Other (specify) _____	<input type="checkbox"/>																		
g. Other (specify) _____	<input type="checkbox"/>																		

EPA ID NO: NJD 001 894 229

OMB#: 2050-0028 Expires 06/30/2009

<b>11. Description of Hazardous Wastes (See instructions on page 21.)</b>						
<b>A. Waste Codes for Federally Regulated Hazardous Wastes.</b> Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
P089						
<b>B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.</b> Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.						
<b>12. Comments (See instructions on page 21.)</b>						
<b>13. Certification.</b> I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)						
<b>Signature of operator, owner, or an authorized representative</b>	<b>Name and Official Title (type or print)</b>				<b>Date Signed (mm/dd/yyyy)</b>	
(X) 	(X) Kevin R. Jones				(X) 2/25/08	

2008 MAR -3 AM 10:18

February 27, 2008

**Federal Express**

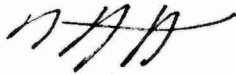
United States Environmental Protection Agency  
290 Broadway  
New York, New York 10007  
ATTN: Jack Hoyt

Re: RCRA Subtitle C Site Identification Form  
EPA ID Number NJD001894229

Dear Mr. Hoyt:

On behalf of Jones Brunswick, L.L.C., please find the above-referenced form.  
Please contact me at your earliest convenience to discuss any questions or comments.

Sincerely,



Michael Potts  
Senior Manager

MJP:lmc  
02-17613D\PCDOCS\PRIN\_WP\27325\1

cc: Jim Markey (Jones Development)



Request to Deactivate EPA ID Number

Page 1 of 1

HWR-001

3/95 State of New Jersey

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II

2004 JUL 13 AM 9:44

Department of Environmental Protection  
Solid & Hazardous Waste Regulation Element  
Manifest Section  
P.O. Box 421  
401 East State Street  
Tranton, New Jersey 08625-0421

ECRA PROGRAMS  
BRANCH

"Request to Deactivate EPA ID Number"

EPA ID No. NJ0001894229

Company Name: HANSOR DISTRIBUTORS

Site Address: 85 CULVER RD. MONMOUTH JUNCTION  
(street) (city / town)  
NJ 08852 11 37  
(state) (zip code) (lot) (block)

Mailing Address: 85 CULVER RD PO Box 667 DAYTON  
(street, P.O. box) (city / town)  
NJ 08810  
(state) (zip code)

Company Contact CHARLEY BREESE 732-438-0201  
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

<input type="checkbox"/>	The EPA ID number was obtained for a one time cleanup which is completed.
<input type="checkbox"/>	The site has completed an ECRA cleanup (indicate ECRA Case # )
<input checked="" type="checkbox"/>	Other <u>THIS SITE HAS NO HAZARDOUS WASTE</u> <u>GENERATOR</u>

Is the site presently occupied? (circle yes or no )

Sign and date the application below, and retain the last page (pink copy) for your records.

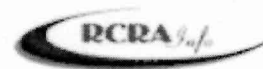
Elizabeth M. Walsh [Signature]  
(printed name) (signature)  
VP + Secy 5/23/04  
(title) (date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: NJDEP/DSHW Manifest section (address above)

Applicant is to keep a copy

deact.  
6-2-04  
(BR)

**Handler - Handler Search**

Enter the Handler ID you wish to search on:

Handler ID: [Search](#) [Cancel](#) [Clear](#)

Your search has found 1 handler(s).

**Search Results**

Act Loc	Handler Name	EPA Id	Street No.	Street Address	City	State	Zip Code	County	In a Universe
NJ	STAUFFER CHEMICAL CO	NJD001894229		STULTS RD	DAYTON	NJ	08810	MIDDLESEX	N

[Create New Handler](#)

URL: /HANDLER2/Handler\_srch.asp